



New Jersey Wing FORM 5 CHECKRIDE DOCUMENT CHECKLIST

DATE: _____

PILOT: _____

CHECKPILOT: _____

- | | |
|---|---|
| <input type="checkbox"/> FORM-5 | <input type="checkbox"/> FORM-5 WRITTEN |
| <input type="checkbox"/> PILOT DATA SUMMARY | <input type="checkbox"/> PILOT CERTIFICATE |
| <input type="checkbox"/> CURRENT MEDICAL | <input type="checkbox"/> CURRENT MEMBERSHIP |
| <input type="checkbox"/> LAST PAGE OF PILOT LOG | <input type="checkbox"/> AIRCRAFT QUESTIONNAIRE |
| <input type="checkbox"/> BFR (OR EQUIVALENT) | <input type="checkbox"/> WEIGHT & BALANCE |
| <input type="checkbox"/> STATEMENT OF UNDERSTANDING | |

ALL of the above **MUST** be submitted as a package or the pilot
WILL BE SUBJECT TO GROUNDING until submission is complete